

FIG. 4

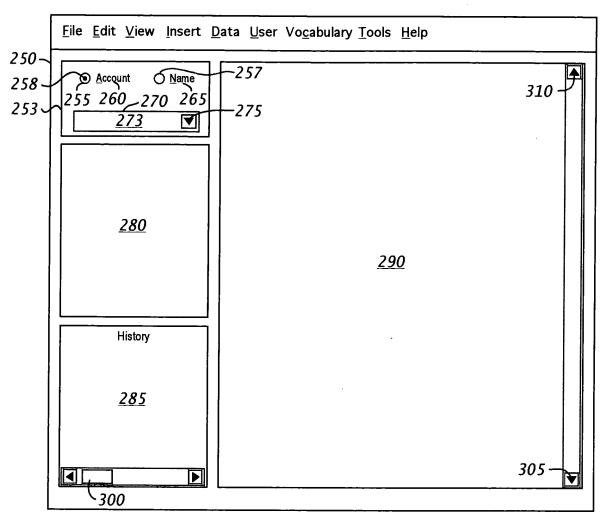


FIG. 5

253 <u>Account</u> O <u>Name</u>	253	● Account	V
Account: First Name: Middle Name: Last Name: DOB: Sex: Address1: Address2: City: State: Zip Code: Work Phone: Home Phone: Professional ID: RefProfID: Insurance ID: Insurance ID #: Client ID: Add Edit	323 ~	DOB: Sex: Address1: Address2: City: State: Zip Code: Work Phone: Home Phone: Professional ID: RefProfID: Insurance ID: Insurance ID #: Client ID:	320 325 330 335 340 345 350 355 360 365 370 375 380 385 380 385 390 395 400 405

FIG. 6a

FIG. 6b